

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913788

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14			1				64						
15				1			65						
16				1			66						
17			1				67						
18				1			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	21	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			24				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS